

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-001270

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 9

STATE FILE NUMBER

FILED JAN 15 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY GRUNDY	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TRENTON	a. STATE MO	b. COUNTY GRUNDY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LANG NURSING HOME		c. CITY OR TOWN SPICKARD	d. STREET ADDRESS (If outside, give location)
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
MALISSIE SCHOOLES			JAN 9 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-26-1873	9. AGE (last birthday) 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MERCER CO MO.
12. CITIZEN OF WHAT COUNTRY USA				

13a. FATHER'S NAME GEORGE BOSLEY		13b. MOTHER'S MAIDEN NAME MENERVIA WILSON		14. NAME OF HUSBAND OR WIFE DAVID SCHOOLES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No		16. SOCIAL SECURITY NO.		17. INFORMANT MYRTLE BRAIN TRENTON MO	

18. CAUSE OF DEATH (Enter only one cause)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:		5 years	
IMMEDIATE CAUSE (a) Cardio-Vascular - Blood Pressure			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
		DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	

20c. TIME OF INJURY	Hour a.m. p.m.	Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE

21. I attended the deceased from Jan 21 1958 to Jan 21 1963		Death occurred at 10:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Oliver F. [Signature]	22b. ADDRESS Trenton Mo	22c. DATE SIGNED Dec 20 1963	

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-12-1963	23c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY	23d. LOCATION (City, town, or county) SPICKARD
24. FUNERAL DIRECTOR WISE FUNERAL HOME	ADDRESS SPICKARD MO.	25. DATE RECD. BY LOCAL REG. 1-10-63	26. REGISTRAR'S SIGNATURE Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300 Rev. 4/59

1 0405

2 0400

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4 1

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9 442X

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11

12 26-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.